

A/REISSUE

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PTO/SB/50 (08-00)  
Approved for use through 12/30/2000. OMB 0651-0033  
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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

Assistant Commissioner for Patents  
Box Reissue  
Washington, DC 20231

|  |              |
|--|--------------|
| Attorney Docket No.                            | 520.30414R50 |
| First Named Inventor                           | KATO, et al. |
| Original Patent Number                         | 6,263,588    |
| Original Patent Issue Date<br>(Month/Day/Year) | 7/24/01      |
| Express Mail Label No.                         |              |

APPLICATION FOR REISSUE OF:  
(Check applicable box)



Utility Patent



Design Patent



Plant Patent

### APPLICATION ELEMENTS (37 CFR 1.173)

1. ☒ Fee Transmittal Form (PTO/SB/56)  
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☒ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☐ Reissue Oath/Declaration (original or copy)  
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent currently assigned?  
☒ Yes ☐ No  
(If Yes, check applicable box(es))  
☐ Written Consent of all Assignees (PTO/SB/53)  
☐ 37 C.F.R. § 3.73(b) Statement ☐ Power of Attorney (PTO/SB/96)

### ACCOMPANYING APPLICATION PARTS

7. ☒ Statement of status/support for all changes to the claims. See 37 CFR 1.173 (c).
8. ☐ Original U.S. Patent for surrender  
☐ Ribbonded Original Patent Grant  
☐ Statement of Loss (PTO/SB/55)
9. ☒ Foreign Priority Claim (35 U.S.C. 119)  
(if applicable)
10. ☒ Information Disclosure Statement (IDS)/PTO-1449 ☒ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration  
(if applicable)
12. ☐ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)  
(Should be specifically itemized)
14. Other: Offer to Surrender to Original Patent and Credit Card Payment Form

### 15. CORRESPONDENCE ADDRESS



Customer Number or Bar Code Label



or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

NAME (Print/Type)

William I. Solomon

Registration No. (Attorney/Agent)

28,565

Signature

*William I. Solomon*


Date

February 5, 2002

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

The Fee and fee payment the following  
listed item(s) postcard

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| REISSUE APPLICATION FEE TRANSMITTAL FORM  |  |                                     |   |   |              | Docket Number (Optional)<br>520.30414R50 |                           |     |
|---|--|-------------------------------------|---|---|--------------|--|---------------------------|-----|
| Claims as Filed - Part 1  |  |                                     |   |   |              |  |                           |     |
| Claims in Patent  |  | Number Filed in Reissue Application | (3)<br>Number Extra                       | Small Entity  |              | Other than a Small Entity                |                           |     |
|   |  |                                     |   | Rate  | Fee          |  |                           |     |
| (A) 17  | Total Claims<br>(37 CFR 1.16(j))<br>Independent claims<br>(37 CFR 1.16(i)) | (B) 17                              | **** 0 =                                  | x \$ _____ =  |              | or                                       | x \$ _____ =              |     |
| (C) 3   |  | (D) 3                               | * 0 =                                     | x \$ _____ =  |              |  | x \$ _____ =              |     |
| Basic Fee (37 CFR 1.16(h))  |  |                                     |   | \$ 740  |              |  | \$740.00                  |     |
| Total Filing Fee  |  |                                     |   |   | \$           | OR                                       | \$ 740.00                 |     |
| Claims as Amended - Part 2  |  |                                     |   |   |              |  |                           |     |
|   | (1)<br>Claims Remaining After Amendment                                    |                                     | (2)<br>Highest Number Previously Paid For | (3)<br>Extra Claims Present   | Small Entity |  | Other than a Small Entity |     |
|   |  |                                     |   |   | Rate         | Fee                                      | Rate                      | Fee |
| Total Claims<br>(37 CFR 1.16(j))  | ***  | MINUS                               | **  | * =   | x \$ _____ = |  | x \$ _____ =              |     |
| Independent Claims (37 CFR 1.16(i))   | ***  | MINUS                               | *****                                     | =   | x \$ _____ = |  | x \$ _____ =              |     |
| Total Additional Fee  |  |                                     |   |   | \$           | OR                                       | \$                        |     |
| <p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>01-2135</u>.<br/>A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> A check in the amount of \$ _____ to cover the filing / additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> |  |                                     |   |   |              |  |                           |     |
| February 5, 2002<br>Date  |  |                                     |   | <br>Signature of Applicant, Attorney or Agent of Record |              |  |                           |     |
|   |  |                                     |   | William I. Solomon - Reg. No. 28,565<br>Typed or printed name   |              |  |                           |     |

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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant(s): KATO, et al.  
Serial No.: Reissue application of U.S. Patent No. 6,263,588  
Filed: February 5, 2002  
For: VACUUM PROCESSING APPARATUS AND  
OPERATING METHOD THEREFOR

**STATUS OF CLAIMS AND SUPPORT FOR CLAIM CHANGES**

Assistant Commissioner for Patents  
Washington, D.C. 20231

February 5, 2002

Sir:

Pursuant to the requirements of 37 CFR 1.173(c), the following sets forth the status of the claims of U.S. Patent No. 6,263,588 in the above-identified Reissue application. Patent claims 1-17 remain pending, with claims 1 and 17 being amended. No new claims are added by this Reissue application, as compared with the claims of the patent.

It is respectfully submitted that the present claims are supported, for example, by Figs. 1 and 2, particularly together with the corresponding description in columns 3-5, of U.S. Patent No. 6,263,588.


To the extent necessary, Applicants petition for an extension of time under 37 CFR 1.136. Please charge any shortage in fees due in connection with the filing of this paper, including extension of time fees, to the Deposit Account No.

10062618 "020502

01-2135 (Case No. 520.30414R50) and please credit any excess fees to such  
Deposit Account.

Respectfully submitted,

ANTONELLI, TERRY, STOUT & KRAUS, LLP

  
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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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OPERATING METHOD THEREFOR

**OFFER TO SURRENDER ORIGINAL PATENT**

Assistant Commissioner for Patents  
Washington, D.C. 20231

February 5, 2002

Sir:

Applicants hereby offer to surrender the original Letters Patent of U.S. Patent No. 6,263,588. The Official Letters Patent, or a Statement that the Official letters Patent is lost or inaccessible, will be submitted in due course, prior to passing the Reissue application to issue.

Respectfully submitted,

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